	PATENT A	APPLICATIO Effect	RD	,	50	?" "	52 C	15					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		• 17		,	(\$ 9=		OR	X\$18=	306	
INDEPENDENT CLAIMS			10 minus 3 =		7			X40=		OR	X80=	560	
MULTIPLE DEPENDENT CLAIM PRESENT							135=			+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							ᆫ	OTAL		OR OR	TOTAL	270	
CLAIMS AS AMENDED - PART II								OIAL		Un	OTHER	1846	
(Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVI PAID		BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. / 4	Minus	•• 2	7	=	>	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-	,	(40=		OR	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=		
							<u> </u>	TOTAL			TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	AUL	OIT. FEE	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=] [,	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		4 0=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										272		
							Ľ	135=		OR	+270= TOTAL		
							ADI	OIT. FEE		OR	ADDIT. FEE		
		1	-		t								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=] ,	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=		(40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=			+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	TOTAL		
***	If the "Highest Nu	mber Previously P mber Previously F nber Previously Pa	aid For IN TH	S SPACE	is less tha	an 3, enter "3."	700	NT. FEE	propriate bo	OR x in co	ADDIT. FEE		

Application or Docket Number